Application	or Docket	Number
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I							;	SMALL E	NTITY		OTHER	THAN
. (Column 1)			1)	(Colu	mn 2)	. I	TYPE [OR	SMALL		
TOTAL CLAIMS		30					RATE	FEE]	RATE	FEE	
FOR		NUMBER	NUMBER FILED		ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	ABLE CLAIMS	30 mir	30 minus 20=		. 10		X\$ 9=		OR	X\$18=	180
INE	DEPENDENT CI	LAIMS	1 Vmi	nus 3 =	*	8		X43=		OR	X86=	
ML	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT		(+145=		OR	+290=	
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	olumn 2	r	TOTAL		OR	TOTAL	950
CLAIMS AS AMENDED - PART II OTHER THAN										THAN		
_		(Column 1)	 	(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL E	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF MU	Minus	***	CLAIM	=		X43=		OR	X86=	
<u> </u>	FIRST FREGE	MATION OF ME	THE DE		CLAlivi			+145=		OR	+290=	
						L.	TOTAL		OR	TOTAL		
		(Column 1)		(Colum	n Ól	(Column 3)	A	NDDIT. FEE]	ADDIT. FEE	
	_	CLAIMS		HIGHE	ST		ır		ADDI-	1 [ADDI-
ENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		= .		X43=	·	OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		-					
							L	+145=		OR	+290=	
				-			A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)			٠.			
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRȘT PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		-		<u>'</u>			
+145= OR +290=												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	f the "Highest Nur f the "Highest Nur	mber Previously Pa	id For IN THIS	SPACE is	less than	20, enter "20."	AL	DDIT. FEE	لـــــــــــــــــــــــــــــــــــــ	On A		